

Exhibit

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POLICY NO. MPA 81 29 88

COMMERCIAL PACKAGE POLICY

MPA 81 29 88

 CONFIRMATION OF CANCELLATION HARLEYSVILLE MUTUAL INS. CO. CONFIRMATION OF TERMINATION 355 MAPLE AVENUE
HARLEYSVILLE, PA 19438

INSURED

AGENT 07-3641
S. T. GOOD INSURANCE, INC.
67 CHRISTIANA ROAD
NEW CASTLE DE 19720LAYNE DREXEL
1910 OLD CAPITOL TR
NEWARK DE 19711

You are hereby notified that in accordance with the terms and conditions of the above policy your insurance coverage ceases at and from 12:01 AM Standard Time on 06-08-2004 and the following checked condition applies:

Cancellation or Termination Date

 A refund check in payment of the unearned portion of the paid premium is enclosed in the amount of ----->
or . . . has been issued to the Agent , Mortgagor , or other \$
Total Refund The unpaid earned premium due the Company is hereby billed in the amount of -->
Make check payable to the Company shown at above right. If payment is not received, collection of the premium amount due will be subject to further action.\$
Premium Due THE POLICY HAS EXPIRED. OUR RENEWAL OFFER WAS NOT TAKEN
IF THE POLICY IS SUBJECT TO AUDIT, THE PREMIUM MAY BE ADJUSTED BASED ON
POLICY AUDIT PROVISIONS.

MAIL DATE 07-07-2004

06-08-2005

ISSUE DATE 07-06-2004


Authorized Representative